Application or Docket Numb	ocket Numb	Dod	or	tion	licat	ďρ	1
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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I										ENTITY			MAHT F
(Column 1) (Column 2)								<b>7</b>	TYPE		OR	SMALL	ENTITY
FOR NUMBER FILED				NUMBER EXTRA			RATE	FEE		RATE	FEE		
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS / minus 20= '								$\blacksquare$	X\$ 9=		OR	X\$18=.	
INDEPENDENT CLAIMS   minus 3 = 1*								4	X39=		OR	X78=	78
MULTIPLE DEPENDENT CLAIM PRESENT										:	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2											OR	TOTAL	768
Claims as amended - Part II												OTHER	
	Salve volume (1)		JMN 1) AIMS	Pari Sanggar		olumn 2) IGHEST	(Column 3)	) 3) (c	SWALL		OR	SMALL	
ENT A		REM AF	AINING TER IDMENT		Ni PRE	UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• /	7	Minus	**	20			X\$ 9=		OR	X\$18=	,
AME	Independent		<u>√</u>	Minus	***	MT CLAIRA	=		X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	•
,									TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
			ımn 1)			lumn 2)	(Column 3)						
EMT 8		REM.	AIMS AINING TER DMENT		PRE	GHEST UMBER EVIOUSLY ND FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	/.	RATE	ADDI- TIONAL FEE
amendment	Total	•		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	ALTATIC	N OF MI	Minus	***	ANT CLAIM	=		X39=		OR	X78=	
	rinsi rhese	NIAIIC	OF MC	JETIPLE DEF	ENDE	INT CLAIM			+130=		OR	+260=	· .
								. <u>(L</u>	TOTAL DDIT. FEE		OB I	TOTAL ADDIT. FEE	
	,	(Colu	ımn 1)		(Co	lumn 2)	(Column 3)						
ENTC		REM.	AIMS AINING TER IDMENT		PRE	GHEST UMBER VIOUSLY ND FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•		Minus	••		= .	.	X\$ 9= ·		OR	X\$18=	
BAE	Independent	•		Minus	***		=		X39=			X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									735E		OR	A/0=	
* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.									,	OR	+260=		
"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
FORM PTO-875													